Expenditure Itemization Summary

Grant Title:

Grant Number:

Dates Expenses Incurred Between:

Associated with Payment Request

Task 1.1

Vendor and Expense Description	Invoice Date	Invoice Number	Proof of Payment	Grant Expense Claimed	Match Expense Claimed
				\$	\$
				\$	\$
Subtotal				\$0	\$0

Task 2.1

Vendor and Expense Description	Invoice Date	Proof of Payment	Expense	Match Expense Claimed
			\$	\$
			\$	\$
Subtotal			\$0	\$0

Task 3.1

Vendor and Expense Description		Payment	Expense	Match Expense Claimed
			\$	\$
			\$	\$
Subtotal			\$0	\$0

Task 4.1

Vendor and Expense Description	Invoice Date	Invoice Number	_	Match Expense Claimed
			\$	\$
			\$	\$
Subtotal			\$0	\$0

Task 5.1 (Personnel)

Position Title and Duties	Hours	Rates with	Staff's	Grant	Match
		Benefits	Names	Expense	Expense
				Claimed	Claimed
				\$	\$
				\$	\$
Travel Expense Description (see				\$0	
attached Travel Log)					
					\$
					\$
Subtotal				\$0	\$0

Task 6.1

Vendor and Expense Description	Invoice Date	Invoice Number	Grant Expense Claimed	Match Expense Claimed
			\$	\$
			\$	\$
Subtotal			\$0	\$0

Grant eligible	\$0	Match eligible	
expenses total:		expenses total:	\$0

CERTIFICATION

I certify that the above information is correct and that all funds received have been expended in accordance with the Grant Agreement.

Signature	of	Person	Authorized	l by	Resolution

Date Signed

- —Include copies of all invoices and proof of payments with applicable task number on each invoice and proof of payment.
- —Denote cancelled check numbers; or other documentation numbers for proof of payment column.
- —Denote whether the expenses incurred are to be reimbursed as **grant** funds or **match** funds.
- —A Grant Payment Request Form signed by the person authorized in the resolution is required for reimbursement.
- —Enclose required forms for reimbursement (e.g. Recycled-Content Certification, Reliable Contractor Declaration, Personnel Expenditure Summary, General Checklist of Business Permits, Licenses, and Filings, etc.).